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FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE INTERNATIONAL CONGRESS

THE exhibition of nursing appliances to be made at the congress is progressing well; the Irish nurses will have a special exhibit, in which the nursing of gynecological and abdominal cases in general will receive special attention. A district nursing exhibit is being arranged, and American district nursing associations are invited to send photographs or any graphic presentation of the educational methods used by them. Miss Eden is the collector and possessor of a wonderful collection of photographs illustrating nursing history in all periods of the world, and she wishes to add to this collection anything that shows the interiors and conditions under which the district nurse does her work. Miss Dock, 265 Henry Street, New York, will be glad to answer inquiries and give information to those in America wishing to contribute to the exhibits. Anything that can show the nurse's ingenuity and handiwork—devices and comforts, etc.—will be appreciated.

The Leicester Infirmary Nurses' League will specialize on dressings and appliances for all parts of the head and face; St. Bartholomew's Nurses' League will display operation-room and ward appliances made by nurses; St. John's House takes maternity nursing; the Registered Nurses' Society will collect nursing literature, photographs, badges, pins, and brassards. Prizes are to be offered for the best sections and nurses' inventions.

The *British Journal of Nursing* says: "Lady Truscott, the Lady Mayoress, Mrs. Whitelaw Reid, the Dowager Marchioness of Dufferin and Ava, the Lady Ampthill, Lady Helen Munro Ferguson, Miss Haldane, LL.D., and other ladies who have worked hard to raise nursing standards, together with a very large number of matrons of hospitals and institutions, have accepted the invitation of the organizing committee to act as vice-presidents of the congress and nursing exhibit."

Interesting suggestions of an "Imperial Federation of British Nurses" appear in the foreign press; *Kai Tiaki* first put forth the suggestion that England's colonies should not enter the International Council of Nurses as foreign states, and Canada responded warmly; it is prob-

able that an affiliation of all the colonies of Great Britain may be made at the London meeting.

Miss Amy Turton has promised to come from Italy and tell the rarely interesting story of the pioneer efforts in that country for a more skilled and educated nursing system.

The wonderful progress of nursing in Cuba will also be reported, and reports of strivings and upward movements will come from India, Japan, and the islands of the sea.

Everything points to the probability that this meeting will give a more astonishing review of the rise and extent of the nursing profession, and will do more to impress the minds of nurses themselves with the breadth and greatness of their responsibilities than any meeting yet held.

The delegates who come officially should have large human sympathies and be adherents of the great doctrine of the unity of the human race.

A most kind and cordial letter has been received from the president of the Red Cross Society of Japan, Prince M. Matsukata, in reply to an invitation sent by the officers of the International Council of Nurses asking for participation by Japanese nurses in the coming meetings, and we are to have the great pleasure of welcoming two distinguished representatives of the Red Cross at London, Miss Take Hagiwara, a head nurse of the Red Cross, and Madam Nobu Matsudaira, a member of the Ladies' Volunteer Nursing Association of the same body. Both ladies have a meritorious record of service given in the late war. Miss Hagiwara, in time of peace, has held the position of vice-superintendent of nurses and pupils in the Central Red Cross Hospital, and is now in a head-nurse position.

This is the first time that western nurses will have the opportunity of welcoming their valiant and distinguished sisters of Japan at a large public convention, and we feel it to be an inspiring occasion, for it will complete the chain of friendliness and knowledge of nurses for one another around the world.

THE BORDEAUX NURSES

THE latest report of the Protestant Hospital at Bordeaux is very full of interest. Though the hospital is small it has every branch of service, and we prophesy that it will grow faster as a result of its excellent school of nurses than it ever would have without them. "The nursing school has had sixty-two applicants for the ten vacancies for probationers, from all parts of France. The superintendent, Dr. Hamilton, has had many requests for certificated nurses to take positions in civil and military hospitals. Since 1901 when Dr. Hamilton first took charge of the hospital,

seventy-six probationers have been received; forty-four have gained their certificates, and seventeen are still in the school. Of the certificated nurses twelve are superintendents or head nurses in civil and military hospitals, six are in private hospitals or nursing homes, eighteen are private nurses, and one is doing district nursing for the Out-Patient Department of the Protestant Hospital.

The district nurse's work is most successful, and the report of her rounds sounds as familiar as if she were in this country. Her salary was given by a grateful patient, for a year, and we feel sure that some kind-hearted benefactor will continue it. The hospital has also had improvements made in the isolation wards which will improve the service and the training school has had a very generous gift from an English-woman who had taken training there.

Miss Elston, too, has been busy, for she has recently taken a nurse to Algeria to plant hospital reform there; the visitation of officials from Algeria to Bordeaux some time back having been to some purpose. The opportunity being tempting, Miss Elston made the rounds of the Algerian hospitals, of which she wrote most entertaining accounts, charmingly illustrated, in *La Garde-Malade Hospitalière*. Certainly no workers in the world ever have so many picturesque settings for their work, or so many varied experiences, as nurses.

INDIAN CONDITIONS

IN painful contrast to the sunshine and happy dirt of Algerian hospitals is a paper written by Mrs. Klosz, a Johns Hopkins graduate nurse, who is working at Akola, in India, for the recent meeting of the Association of Nursing Superintendents of India. It is called "The Place of the Indian Nurse in Social Service," and gives a heartrending picture of the results of many centuries of sanitary darkness. She writes:

"India has great and terrible problems before her in the management of her physical life; problems compared to which her political troubles, real and imaginary, are of second importance to the masses of the people.

"Plague, cholera, tuberculosis, syphilis, puerperal fever, and opium administered by ignorant mothers, are killing their thousands every year. We can do much to help them by the earnest training of our nurses, making them centres of education and influence upon these subjects. This sounds visionary, . . . and it is visionary, but, I believe, a vision of what is to be. . . . Although bubonic plague has been for a number of years literally devastating India, it is not necessary to include it in this paper, because so much is already being done for its eradication. And the government has worked so long and successfully

that the time may not be in the very distant future when plague shall be, for India, a thing of the past. Cholera is also being more or less successfully held in check by government measures, and similarly small-pox, a serious epidemic of which is hardly to be feared. But there are those other scourges . . . which it will require all our ability, all our perseverance, and all our faith to combat. India must be taught and roused to help in the "world's war against consumption." . . . Ignorance with regard to consumption even among intelligent people is almost beyond belief. . . . Perhaps nothing makes a more dreadful impression, or leaves a more hopeless feeling with any one connected with hospitals and dispensaries in India, or in any country, than the awful prevalence of syphilis and gonorrhoea. . . . It seems to be the fashion nowadays with certain writers . . . to whitewash the conditions that prevail. . . . It may take years to produce any very noticeable result against an old established evil such as these social diseases present. . . . Our nurses must learn to look upon these things as the serious matters they are. . . . In place of a foolish shrinking from such patients we must try to inculcate a spirit of zeal for reform which will help to educate the women in our hospitals in morality and the prophylaxis of social diseases. As in tuberculosis, patients should know from what disease they are suffering and be taught to guard against infecting others.

"I have not been able to collect any statistics relative to puerperal fever, but we all know that it claims numbers of victims every year. . . . A department for training *dais* might be added to many of our training schools and every well-equipped hospital should do all it can to get hold of the obstetrical work in its vicinity. When the women come to know that their lives and those of their children are so much safer under the foreign methods of treatment, it ought to make it easy for them to give up the old *dais*, even in the face of caste and custom. A friend of mine who is in an almost unbelievably wild and ignorant part writes: It seemed to be expected that if a woman was not able to get up in three days she would die. By taking up midwifery I have been able to cope with this state of things, and I have had ninety cases; and there is no more child-bed fever in my locality. Instead the mothers are all well and the babies all healthy.

"It is to be hoped that the custom of giving opium to babies is much less prevalent in some parts of India than in others. In Jhansi we are continually meeting cases of what they call the 'drying-up disease' caused by this practice. In the Deccan it is also common, for Dr. Ruth Hume of the Mission Hospital at Ahmednagar tells me that they ask

the mothers in the dispensary, not 'Do you give the baby opium,' but 'How much do you give it?' . . . Our nurses may have a great influence in teaching the effects of this drug, and warning mothers against giving it, even before the practice is begun. As far as I know, little or nothing is done by the Indian men to teach their wives the harmful results of this custom. Cannot we as an association send a letter to the leading papers of India to take this matter up and write in an attempt to stamp it out of the homes of the people? China's campaign against opium for the grown people might well be followed by one in India to save the children. These are some of the problems with which we as nurses come into daily contact."

PREVENTIVE AND CURATIVE TREATMENT OF PUEPERAL INFECTION BY THE USE OF ESSENCE OF TURPENTINE.—The *Medical Record*, quoting from *L'Obstétrique*, says: Fabre advocates the use of essence of turpentine both as a preventive of puerperal infection and as a curative treatment when the infection has begun. The preventive treatment is used by injecting equal parts of sterilized water and essence of turpentine into the uterus after labor as a routine treatment. When infection has occurred the same injections are used twice or three times in the twenty-four hours, as long as the infection remains localized in the uterus. When it has become generalized the drug is used by subcutaneous injection into the cellular tissues. The results have been excellent, as the treatment has been employed in the Maternity at Lyons.

EFFECT OF NARCOSIS ON THE BODY TEMPERATURE.—In an interesting paper in the *Johns Hopkins Hospital Bulletin*, T. Griffith Davis says: W. H. Morley, in an article devoted to this same matter, also describes the lowering of body temperature under ether anæsthesia. He favors the view that the lowered temperature is due to increased output of heat in consequence of dilation of the cutaneous vessels and to lessened heat production from diminished muscular movement. He urged that stringent precautions be taken against the loss of body heat during anæsthesia by having the patient well protected and in a warm operating room, believing that many of the so-called postoperative pneumonias are a consequence of the patient being chilled while in a state of narcosis.

He also quotes from W. F. Hewett that covering cutaneous areas with towels wrung out of antiseptic solutions is open to considerable objections.